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Robert Treece

(Depositor's name)

Robert Treece

(Signature)

12-29-98

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/795,038	02/05/97	017	WALLENHORST, M	1743 09/29/98
First Named Applicant: STREETS, ROBERT A.				

TITLE OF INVENTION: PRODUCT RECOVERY SYSTEM

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 BENHAM.002	134-008.000	J76	UTILITY	NO	\$1320.00	12/29/98

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Robert Treece

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (under or over) PLEASE NOTE: This data is only appropriate when an assignment has been previously submitted to the PTO or Patent Office. Completion of this form is NOT a substitute for filing an assignment.

NAME OF ASSIGNEE: The Benham Group

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Oklahoma City, OK

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner)

☒ Issue Fee

☒ Advance Order: \$110.00

4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above:

(Authorized Signature)

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